

# COCHISE COUNTY JOINT PERMIT APPLICATION

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Cocnise County Community Development, 1415 Melody Ln., Bldg. E, Bisbee, AZ 85603 (520) 432-9240. Fax (520) 432-9278, www.cochise.az.gov	., Bldg. E, Bisbee, A	Z 85603 (520	) 432-9240. F	ax (520) 432	2-9278, www	.cochise.az.gov	
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PLEASE PRINT OR TYPE PARTS A-F BELOW	Assigned County Address	Address					
PART A: DESCRIPTION OF PROPERTY	Building Code	Construc	Construction Plans submitted: Yes   No	mitted: Yes	N C	SV Sub-Matershod	rehad
Tax Parcel Identification #	Owner Built: Limited   Non Code	ed 🗆 Non Co		ubbard Zone	Tombs	Hubbard Zone Tombstone Agrieduct BST	BOT
Subdivision	Growth Area	Plan Designation	_	T	Ra	Sec	
Site Location/Address/City	Zoning District		Map Ref.		Superv	or Distri	
Property Owner Name	Flood Zone		Panel #		Par	Panel Date	
Mailing Address/City/Zip Code	Lot Area	Setbacks: N	ks: N	S	ш	>	
Name of Applicant (if not property owner)	PERMIT PROCESSING INFORMATION	ING INFORMATI	NOI				
Mailing Address/City/Zip Code	Right-of-Way	Rev. By:		Date		Permit Required Y□ N□	
Contact Person	Flood Control	Rev. By:		Date		Permit Required Y□	N
	Health Services	Rev. By:		Date		Permit Required Y□	N
PART B: PROPOSED PROJECT	RAD	Rev. By:		Date		Review Required Y□ N□	_ 
	Permit Type	Permit No.	Date	Fee	Receipt D	Description	
			Received		No.		
	Bldg Code						

If constructing an addition/improvement Year of Manufactured Home Structure Height to existing structure, what is the assessed value of existing structure? Septic System: New □ Existing □ No. of Bedroom(s)/Den(s) Water Supply: Public ☐ Community Well ☐ Private Well ☐ Indicate who will perform work: Owner ☐ Contractor ☐ TO BE COMPLETED IF ON SEPTIC SYSTEM ONLY: □ % Replacement Manufactured Home Yes PART C: HEALTH SERVICES SECTION If contractor, list name and license # Gross Floor Area of Proposed Project Estimated Value of Proposed Project Sewer □ or Septic System □

Bldg Code

Bldg Code

Non-Bldg

Code

Non-Bldg

Code

PART D: FLOODPLAIN SECTION

Will watercourse be altered/relocated as a result of proposed use? Yes □ No □ Proposed wash crossing: Bridge ☐ Culvert ☐ Dip ☐ Fill ☐ None ☐

Manufactured

Home/FBB

Health

If alteration or wash crossing, explain on site plan and note if Temporary  $\square$  or Permanent  $\square$ 

4. Any washes within 300' of the project? Yes ☐ No ☐

## PART E: HIGHWAY RIGHT-OF-WAY SECTION

Flood Contro

Right-of-Way

Electricity ☐ TV Cable ☐ Telephone ☐ Sewer ☐ Gas ☐ Culvert ☐ Driveway ☐ Electricity Underground 

Overhead 

TV Cable Underground 

Overhead 1. Are any of the following existing on your property? Installation to property required:

Telephone ☐ Sewer ☐ Gas ☐ Culvert ☐ Driveway ☐ Water Line ☐

(Res/Comm)

Review

RAD

Surcharge/

(specify)

Other

Other

(specify) Total

### PART F: CERTIFICATION SIGNATURE

I hereby certify that I am the owner or duly authorized owner's agent and that all information on this application and the attached site plan is accurate. I understand that if any of this information is false, it may be grounds for revocation of this permit. I further certify that I will comply with all County, State and Federal regulations applicable to said property, and acknowledge that I am not authorized to begin work until I have received a numbered permit. I FURTHER AUTHORIZE COUNTY EMPLOYEES AND APPROPRIATE REGULATORY AGENCIES TO ENTER ONTO SAID PROPERTY TO MAKE REASONABLE INSPECTIONS FOR COMPLIANCE.

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Signature

Permit approved for issuance by Permit Coordinator

Date:
ature:
Sign

### Residential Permit Application Instructions and Intake Checklist

### For EXPEDITED RESIDENTIAL PERMITS SUCH AS:

SITE PLAN REQUIRED FOR: \*fences over 6' tall \$\infty\$ Sheds under 200 sf no plumbing or electrical

NO SITE PLAN REQUIRED FOR: \*Reroof w/structural changes ♦ \*New windows/doors w/ change of size, numbers or location ♦ Trade: Electrical - Plumbing - Mechanical - HVAC (new or change of type, change in fixture units) - Electrical upgrade up to 200 Amp

\* CONST PLANS/SCOPE OF WORK AND PLAN REVIEW REQUIRED FOR THESE PROJECTS

New or replacement outdoor sprinkler system or evaporative coolers, must comply with Sierra Vista-sub-watershed requirements

Complete the following information, include **complete site plan (if applicable) and required fees** (must be for the total required amount, with checks payable to "Cochise County Treasurer"). Include Tax Parcel ID Number on all application pages and on any correspondence regarding your permit application.

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P	Proof of Valid Contractor's Form: complete and sign Complete site plan: Clearly and legibly include all information on Site Plan Instructions (below) Construction Plans/Scope of Work (*when required) Sierra Vista Sub-watershed Water Conservation Overlay Zone Permit Checklist  Fees: ▶ Accessory Residential Structure (less than \$2,500 in value)			
	Presidential Permit Review Fee			
	► Addressing Fee\$15			
	Include Current Assessors' Parcel Map			
	Additional submittal requirements:			
	Tombstone Aqueduct located on parcel? If yes what date was information emailed to City of Tombstone?			
D	OR A PERMIT APPLICATION TO BE EXPEDITED, SUBMIT TO COCHISE COUNTY COMMUNITY DEVELOPMENT EPARTMENT, PLANNING, ZONING & BUILDING SAFETY, IN BISBEE LOCATED AT:  sbee: 1415 Melody Lane, Building E, Bisbee AZ 85603, (520) 432-9240			
PI PR	CRMIT APPLICATIONS MAY ALSO BE SUBMITTED AT THE FOLLOWING COCHISE COUNTY COMMUNITY DEVELOPMENT, ANNING, ZONING & BUILDING SAFETY DEPARTMENTS, BUT THEY WILL NOT BE EXPEDITED; THEY WILL BE COCESSED THROUGH THE NORMAL REVIEW PROCESS:  erra Vista: 4001 E Foothills Drive, Sierra Vista, AZ 85635 (520) 803-3960			
	Site Plan Instructions For Sheds 200 Square Feet or Less And Fences over 6' high			
Dı	raw site plan on plain white paper. Site plan must be clearly legible and complete. Size: 8 ½ X 11			
	Tax Parcel ID Number, North arrow and scale			
	Property lines and dimensions (from Assessors' Parcel Map). Entire parcel must be shown.			
	If parcel is a new split, show parent parcel and where your parcel is located - with dimensions			
	Roads adjoining the property: name			
	Setback from road travel way to property line, and to proposed structures			
	Location and dimensions of all buildings, structures, walls, fences, and uses. Label and note whether existing (e) or			
	proposed (p).			
	Driveways (e) and (p): location, distance to property line.			
	Height of all proposed structures			
	If barn or shed is proposed, note if for animals, storage or other use			
	Location of septic system, (10 feet minimum required between septic and sheds)			
	Is a driveway being relocated, IF YES, THIS IS NOT AN EXPEDITED PERMIT			
	If area to be cleared is more than 1 acre, show dimensions of area to be cleared, and proposed dust and erosion control			
	measures Chook POW (if applicable) and paging			
Check – ROW (if applicable) and zoning				
	FOR STAFF USE ONLY:  Accepted By  Date			
	Accepted By Date			

(POR.) 111-22-333 SCALE: 1"-40' WASH 4'DEE WIRE Joe & Jane Smith E. COUNTY ROAD CL -PAYED 28'-CL-12' BETWEEN DIRT EDGE OF TRAVELWAY DRIVE (P) AND PROPERTY WAY (P) 115 150" 105 20'x30' GARAGE 15'HIGH E 24'x65' MH W BLOCKSKIRTING 40' 9-8 (P) 15 HIGH (P) 10'X 65' AZ ROOM ADD. \*\*\*\*\*\* 5' HIGH DRAIN FIELD REPLACE-MENTI DRAIN WROUGHT- X 15'x 30'(P) FIELD IRON FENCE (P) POOL POOL ENC. (P) Ŷĸĸĸĸĸĸĸĸĸĸĸĸĸ HOLES /WASH// III' 4 HIGH FIELD PENCE ON ALL PROPERTY LINES (P) 100 105 E. COUNTY ROAD SUBJEC 250 210

> PARENT PARCEL 111 - 22 - 333

### In Accordance with A.R.S. Title 32

I am	currently a licensed contractor:				
	Contractor Name:				
	Doing Business As:				
	ROC License #:	/ Classification	of ROC License:		
	Contractor's Signature:	Date	2.		
	Title:				
I am	an Owner/Builder:				
	Owner/Builder Name:				
	Owner/Builder Signature:		:		
	E	XEMPTION FROM LICENSING			
I am A.R.	exempt from Arizona Contractors <sup>2</sup> S. 32-1121A.	' license laws on the basis of the licens	ing exemptions contained in		
	I am the Owner/Builder of the property. I will follow in strict compliance with 32-1121A.5. The property is intended for sole occupancy by the owner, not intended for occupancy by members of the public, owner's employees or business visitors. The structures are <b>NOT INTENDED FOR SALE OR RENT WITHIN 1 YEAR AFTER COMPLETION.</b>				
	I am the Owner/Developer of the property. I will follow in strict compliance with 32-1121A.6. I will contract with a General Contractor licensed pursuant to this chapter. To qualify for this exemption, all licensed contractors' names and license numbers working on this project shall be included on this application and contained within all sales documents.				
	Other Exemption:				
apply and/o	to <u>ANY</u> construction project which or the total aggregate contract price	rovided by A.R.S. 32-1121A.14 (the Hath requires a building permit, is the small including labor, materials and all other actors or sub-contractors on this project.	naller part of a larger project ner items is \$1,000 or more.		
		ROC License #:	Class:		
(Gene	eral Contractor)				
D <del></del>		ROC License #:	Class:		
(Mech	nanical Contractor)				
(Elast	rical Contractor)	ROC License #:	Class:		
(Elect	50 000 000 000 000 000 000 000 000 000				
(Plum	bing Contractor)	ROC License #:	Class:		
		ON THIS DOCUMENT FOR THE P	PURPOSE OF EVADING OR		
ATTE	EMPTING TO EVADE STATE LIC ONA REVISED STATUTES 13-27	CENSING LAWS IS A CLASS 2 MIS	DEMEANOR PURSUANT TO		
		nformation contained within this docume			
		d accurate to the best of my knowledge.			
PKIN]	Γ FULL NAME AND ADDRESS:				
G:					
Signat	Signature: Date:				